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House Committee on Interior and Insular Affairs
Subcommittee on Insular and International Affairs
Statement by John E. Rudolph
Defense Programs
United States Department of Energy
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Mr. Chairman, I am John Rudolph, Director of the Weapons Research Division in the Office of the Deputy Assistant Secretary for Military Application, Defense Programs, in the Department of Energy (DOE). With me today is Mr. Harry Brown from our Nevada Operations Office who is the Marshall Islands Program Manager; Dr. William Adams from the Brookhaven National Laboratory (BNL) Medical Department, who directs our Marshall Islands medical program; and Mr. Charles Meinhold, Director of the Brookhaven Safety and Environmental Protection Division. Mr. Meinhold is in charge of the Radiological Safety Program. Finally, Dr. William Robison from the Environmental Sciences Division, Lawrence Livermore National Laboratory (LLNL), who heads our environmental programs in the Islands.

The Department of Energy (DOE) welcomes this opportunity to appear before the Subcommittee to address the radiological condition and health matters of Rongelap and its people. The answers to your questions of October 23, 1989, to the Secretary are included as an attachment to my statement today, as are several other key DOE documents on technical issues concerning the radiological condition of Rongelap Island and the rest of the atoll. These documents are:

1. Questions from Ron De Lugo, Chairman, Subcommittee on Insular and International Affairs.
2. The August 1989 report from BNL and LLNL entitled "The Radiological Dose from Plutonium at Rongelap Island" (included as an attachment to number three below).
3. DOE's analysis of Mr. Bernd Franke's paper entitled "Is Rongelap Atoll Safe."
4. LLNL's Report Number UCRL 53917 "Estimates of the Radiological Dose from Ingestion of Cesium 137 and Strontium 90 to Infants, Children, and Adults in the Marshall Islands," February 1989.
5. DOE's letter of January 29, 1989, replying to the Interior Committee's August 11, 1988, questions to Secretary Herrington on Dr. Henry Kohn's Rongelap Reassessment Project Final Report.

There are several key issues to be addressed, namely is Rongelap Island radiologically safe for habitation, what are the conditions of the other islands in the atoll, is a Phase 2 program required, and if it is, how should it be structured.

HARRY BROWN'S Files, NV

We view the role of DOE as providing the best technical evaluation possible so as to aid the Rongelap people and the Congress in making informed decisions on these issues. To that end, our national laboratories have produced the analysis necessary to do so. This work has come under close scrutiny, not only through the usual peer review we demand internally, but also from Dr. Kohn and the scientists constituted as the Rongelap Reassessment Project, as well as other advisors to the Rongelap people. We welcome these reviews which contribute to the collective knowledge of this complex subject.

To summarize the results of our work to date:

1. Plutonium on Rongelap is a very minor contributor to total dose. Both Brookhaven National Laboratory and Lawrence Livermore National are in complete agreement with this conclusion.
2. Radiological dose to infants is less than that to adults, therefore, not a barrier to resettlement.
3. LLNL has proven conclusively that by a simple, relatively inexpensive application of high potassium fertilizer the radiation levels in foodcrops in the northern Rongelap Islands can be dramatically reduced.
4. Rongelap Island is radiologically safe for habitation without restrictions with committed radiation dose well below the United States Federal guidelines for all adults and children. We believe Dr. Kohn, having seen our most recent data, agrees with this conclusion.

Should questions be raised on the general health of the Rongelap community, we are prepared to address this to the extent data are available to BNL's Director of the Marshall Islands medical program. BNL has been charged by DOE and its predecessor agencies since 1954 with monitoring and treating the people of Rongelap and Utirik exposed to fallout from the 1954 BRAVO test. Accordingly, we are not prepared to provide definitive conclusions on the general health of the Rongelap population. We point out, however, that since a separate health care program has been in effect for Rongelap for several years as provided for in Section 177 of the Compact of Free Association, health information for the general population should be available from that program.

We stand ready to elaborate on all of these matters as you wish.